



ALABAMA HISTORICAL COMMISSION  
THE STATE HISTORIC PRESERVATION OFFICE

ALABAMA HISTORIC REHABILITATION TAX CREDIT PROGRAM  
AMENDMENT FORM

This Amendment form may be used to amend any part of the application for the Alabama Historic Rehabilitation Tax Credit program. The first page of the form must appear exactly as below and must bear the applicant's original signature. Summarize changes to previously submitted parts of the application in the space provided.

1. Property name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: Alabama Zip: \_\_\_\_\_

2. This form amends:  Part A;  Part B;  Part C If QRE or Non-QRE is changing, please describe below.

See attachments

3. Applicant Name:  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security/Taxpayer ID# (If Amending Part C Only): \_\_\_\_\_  
Ownership Status:  Hold Title  Owns a lease-hold interest for a term not less than 39 years  Option to purchase

4. Project Contact (if different than applicant): \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct.  
**\*\*Original signature of applicant required\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AHC PROJECT NUMBER: \_\_\_\_\_

**Amendment Form**

Property name: \_\_\_\_\_

Property address: \_\_\_\_\_

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